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# PUBLIC HEALTH REPORTS

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## VENEREAL DISEASE CONTROL.

### STANDARDS FOR DISCHARGE OF CARRIERS.

The following instructions to directors of Government clinics operated jointly by the Public Health Service and American Red Cross in extra-cantonment zones are published with the hope that they may answer the numerous requests which have been made for Government standards for the purely medical aspect of venereal disease control. (Diagnosis and treatment are not considered in these instructions.)

#### Standard Procedures to be Followed Before Discharging as Noninfectious.

##### SYPHILIS.

A person infected with the *Treponema pallidum* may be considered, from a public health point of view, to be free from danger of transmitting the infection when a complete clinical examination, in which special emphasis is laid on the thorough exploration of the skin and mucous membranes, particularly those of the orifices of the respiratory, gastro-intestinal, and genito-urinary tracts, shows the absence of any area from which infectious matter can be disseminated.

When a patient is discharged as noninfectious under the above ruling, he must, of course, be plainly advised that his disease is not cured, and that although noninfectious at the time, he may subsequently become infectious to others through contact, and that the disease will probably be transmitted to his offspring until he is actually cured by a proper course of treatment carried on for a definite period. He should, therefore, be warned to remain under observation until such time as complete cure is effected.

In the light of our present knowledge the following seem to be the minimum requirements for cure: No case should be considered as cured for at least one year after the termination of treatment and unless the following conditions have been satisfied: (a) No treatment for one year during which time there have been no symptoms, no

positive and several negative Wassermann reactions. (b) A negative provocative Wassermann reaction. (c) A negative spinal fluid examination. (d) A complete negative physical examination, having special reference to the nervous and circulatory systems. (e) A luetin test may also be included.

#### GONORRHEA. (CLAP.)

##### *Males.*

Before discharging cases as noninfectious, the following four requirements must be met:

1. Freedom from discharge.
2. Clear urine; no shreds.
3. The pus expressed from the urethra by prostatic massage must be negative for gonococci on four successive examinations at intervals of one week.
4. After dilation of the urethra by passage of a full-sized sound, the resulting inflammatory discharge must be negative for gonococci.

##### *Females.*

1. No urethral or vaginal discharge.
2. Two successive negative examinations for gonococci of secretions of the urethra, vagina, and the cervix, with an interval of 48 hours and repeated on 4 successive weeks.

(This rule is laid down as the best practical method at our disposal at present, but it is fully realized that such negative findings may not in every instance be conclusive as to freedom from infection, and the patient should be requested to return at frequent intervals for subsequent examination. In fact, all the foregoing rules governing discharge as noninfectious are tentative and will be subject to revision should the combined experience of directors of clinics or others indicate the necessity therefor.)

3. *Technic for procuring smears from the cervix and urethra.*—Slides should be prepared from the secretions procured from the urethra and cervix, as well as from secretions which may be expressed from Skene's and Bartholin's glands. In preparing urethral slides the finger should be inserted in the vagina and expression made on the floor of the urethra from within outward, the cotton-tipped probe being then introduced well into the meatus. In procuring smears from the cervix a vaginal speculum should be introduced and the cervix well exposed. All secretions should be mopped away from the external os before taking the smear. After the cervix is well dried, a probe, tightly wound with cotton, should be inserted into the cervical canal and rotated several times. It is exceedingly important that the secretion from the cervix shall be in reality cervical secretion and not mucus or pus from the vagina. It is advised that two or three slides be prepared from both urethra and cervix.